



Innovations From the Sites

November 2001

The Women's Support & Empowerment Center: A Drop-In Center for Women Living With Substance Abuse, Mental Illness, and Trauma

The Women's Support & Empowerment Center is a peer-run drop-in center for women recovering from substance abuse, mental illness, and trauma. It provides a range of wellness-oriented activities that offer mutual support, skills development, and recreation. Women using the Center appreciate its safe, warm, "home-like" environment and believe it provides the support, skills, and personal connections necessary for their recovery.

The Center is a part of the District of Columbia Trauma Collaboration Study (DCTCS), one of nine SAMHSA-funded Women, Co-Occurring Disorders and Violence Study sites. DCTCS provides integrated services for women with substance abuse, mental illness, and trauma histories living in the Washington, D.C. area and is spearheaded by Community Connections, a community-based social service agency.

DROP-IN CENTERS AS A MODEL OF CARE

Research suggests that drop-in centers have a positive impact on mental health consumers (Silverman, Blank

& Taylor, 1997). One study found drop-in center participants were more positive about themselves, more productive, capable, and able to recognize their own strengths, and experienced improved self-respect (Chamberlin, Rogers, & Ellison, 1995). Researchers have also noted that con-

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sumer-run agencies, such as drop-in centers, offer a "social and psychological package of services unfunded and missing in mainstream mental health programs" (Segal, Silverman, & Temkin, 1995). Although peer-run drop-in centers for mental health consumers have been operating around the country for several years, this model of services and support has not been made available to trauma survivors in any significant way.

HOW THE WOMEN'S SUPPORT & EMPOWERMENT CENTER BEGAN

As part of DCTCS's intervention planning process, the Empowered Survivors Council (DCTCS's consumer/survivor/recovering (C/S/R) women's advisory committee) was asked what kinds of peer support would be most meaningful and helpful to women participating in the study. The women advised DCTCS that trauma survivors need a safe place to be before and after participating in the various aspects of the service intervention, and that it was important for women to have a place to interact with each other, and to provide and receive mutual support. They also stressed the importance of providing regular opportunities for skills development and recreation. Their answer was the Women's Support & Empowerment Center.

DCTCS responded to this guidance by securing new space in the building where most of its services are provided. The project's Survivor Advocate worked with the Empowered Survivors Council to plan all aspects of the physical environment (room

lay-out, color scheme, furniture, etc.), and the activities and services that would be available. The group decided the Center would be available only to women participating in the DCTCS project. The women also decided that the Center should support women's participation in the more formal, clinical aspects of the project by having the center available before and after women participated in various aspects of the DCTCS intervention (Trauma Recovery and Empowerment Model (TREM) groups, meetings with case managers, etc.). After much planning and hard work, the Women's Support & Empowerment Center opened on February 23, 2001.

A DROP-IN CENTER NOT A "FLOP-IN CENTER"

Janice Grady, Survivor Advocate and Director of the Women's Support & Empowerment Center, felt strongly that the Center should be a drop-in center and not a "flop-in center." She wanted it to be a place where women could come and feel safe, and have their own space, but not "loungue around all day." This balance between formal and informal, structured and unstructured, and social and personal space is reflected in the Center's physical layout and its programming.

The Center has three rooms. The first serves as a reception area with comfortable couches and chairs. The lighting is soft and music is often playing. The middle room features board games and puzzles, a television, refrigerator, microwave, and coffee machine. The back room is a quiet study area with tables and plans for several computer stations. The reception area can hold six to seven women, the middle room is the largest and can accommodate 12-15 women, and the back room has space for five to six women. Because

the Center was decorated by the women themselves, it reflects their interests, cultures, and styles.

Recognizing that some women affected by substance abuse, mental illness and trauma have not had opportunities, or may not know how to have fun safely, the Center places a strong emphasis on recreation and socializing. The Center's wellness orientation focuses on activities that help women care for and feel good about themselves and each other.

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Because the Center is designed to coincide with the more formal treatment aspects of the DCTCS program, women often spend their time sharing personal experiences and supporting each other in their recovery. A loosely structured schedule of events is set monthly. Activities for a given week might include: Monday—open discussion; Tuesday—bingo; Wednesday—movie videos; Thursday—swimming at a local community pool; Friday—board games. Every other week, a hairstylist comes in to braid women's hair. A massage therapist donates her services on a regular basis. The schedule is flexible and can be changed to suit women's preferences. Women are always welcome to visit and not participate in group activities.

The Center continues to grow and evolve along with the women who use it. Center staff and participants are now focusing on meeting some of the more concrete needs of the women. For example, clothes are often available for anyone who needs them. There is a telephone available for business calls and limited personal calls. Plans are underway to provide computer classes.

Participation in the Women's Support & Empowerment Center is voluntary. Women are told about the Center upon entry into the DCTCS program. The Center is open approximately 25 hours a week and is staffed by a Director and a Peer Representative Assistant. Both of these women are C/S/Rs and their positions are paid.

"WHEN YOU GO THROUGH TRAUMA, YOU NEED A PLACE LIKE THIS."

Women who use the Center and the professionals associated with DCTCS are very enthusiastic about what the Center has to offer—the opportunity for women to connect with one another, to support each other through often intensive and difficult treatment, and to grow and heal together. Among the range of concrete and less tangible benefits are:

■ An opportunity for peer support

The Center's informal, supportive environment allows women to work on various issues in fellowship with other women. This mutual support is not available through more formal treatment services. Women do not feel judged by the staff or by other participants because they have each faced similar life experiences.

Roger Fallot, Ph.D., principal investigator for DCTCS, believes these peer interactions engender "a sense of

hopefulness that women cannot get from a provider relationship.” He notes, “Having a place to go before and after the Trauma Recovery and Empowerment Model (TREM) groups allows women a way to talk about what happens in group, to clarify, validate, and share their feelings. This helps to further the recovery process.”

Women feel that Center staff serve as excellent role models for their recovery. As expressed by one woman, “When you are around Janice (Grady), that is motivation itself. Seeing her makes me determined to do the same thing.”

■ ***A safe connection to traditional services***

“Trauma survivors may enter the mental health system because the aftermath to abuse can leave them feeling anxious, depressed and frightened. For some women, regrettably, their introduction to this system can be intimidating and even retraumatizing,” observes Maxine Harris, Ph.D., Clinical Director at Community Connections. By providing a welcoming and supportive atmosphere, the Center offers women a safe way to participate in formal treatment services. It also provides on-going support and connections that many women need to stay in treatment over time.

■ ***A way to break-down isolation and build relationships with other women***

Many women with co-occurring disorders and experiences of trauma are extremely isolated. The Center provides a safe place to socialize with other women. Through the group activities and a communal experience, women are building meaningful, supportive relationships with other women. They see these friendships as critical to their recovery.

■ ***A place where you are valued and cared for***

“When you walk in the door of the Center, you know it is a different kind of a place. It is cozy, safe, and really nice,” says Janice Grady, who believes this shows women they are cared about from the moment they walk in the door. Because women control the Center’s activities and operations, this demonstrates that women’s voices are heard and their opinions are valued. These strategies seem to be working, as Hope (a Center participant) declares,

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*“At other places,
you are just a number.
Here I am a person,
I belong, and others
care about me.”*

* Hope, Center participant
~

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■ ***A place to have fun***

When planning the Center, Janice Grady spoke for many when she said, “We have been denied fun for so long. We need to learn how to come together, play together and have fun.” The games, movies, and general socializing at the Center appear to be bringing joy into the lives of women who have not experienced this kind of happiness in a long time.

■ ***“A place I can be. A place I want to be.”***

The Center allows women to come as they are and be who they are. Its setting is extremely informal and

welcoming. There are few formal rules and little is required of women except for a display of respect for others and the Center itself.

The Center provides an added benefit for women in the DCTCS program who are homeless by providing them with a safe and peaceful place to be during the day. As Hope says, “I use the Center as a way to keep from being on the streets. Before the Center, I rode the bus all day to keep from going to negative places.”

Deborah, who uses the Center and recently became the Peer Representative Assistant, describes her life before the Center, “I spent my days sleeping at home. I slept from midnight until 4 p.m. I had nothing to wake-up for; nothing to go to that was of interest to me. Now I am up at 7:00 a.m. The Center has given me a place to be a part of; something that is positive and productive. I don’t need to sleep all day anymore.”

***For more information on the
Women’s Support & Empowerment
Center, please contact: Janice Grady
Survivor Advocate and Center Director
Community Connections
801 Pennsylvania Ave., SE, Suite 201
Washington, DC 20003
202-548-4891
jgrady@communityconnectionsdc.org***

RESOURCES:

Consumer-Run Drop-In Centers: A Technical Assistance Guide

National Mental Health Consumers' Self-Help
Clearinghouse
1211 Chestnut Street, Suite 1207
Philadelphia, Pennsylvania 19107
800-553-4539 (phone); 215-636-6312 (fax)
info@mhsselfhelp.org (email)
www.mhsselfhelp.org

Consumer/Survivor-Operated Self-Help Programs: A Technical Report

L. Van Tosh and P. del Vecchio
Center for Mental Health, SAMHSA
Available from the Knowledge Exchange Network:
P.O. Box 42490
Washington, D.C. 20015
800-789-2647 (phone)
ken@mentalhealth.org (email)
www.mentalhealth.org

Consumer-Run Businesses and Services

National Mental Health Consumers'
Self-Help Clearinghouse
1211 Chestnut Street, Suite 1207
Philadelphia, Pennsylvania 19107
800-553-4539 (phone); 215-636-6312 (fax)
info@mhsselfhelp.org (email)
www.mhsselfhelp.org

Evaluation of an Innovative Consumer-Run Service Model: The Drop-In Center

C. Mowbray and C. Tan
In *Innovation & Research*, 1992, 1(2), 19-24

On Our Own: Preliminary Findings From A Consumer-Run Service Model

S. Silverman, M. Blank, and L. Taylor
In *Psychiatric Rehabilitation Journal*, 1997, 21(2),
151-159

Self-Help Programs: A Description Of Their Characteristics and Their Members

J. Chamberlin, E. Rogers, and M. Ellison
In *Psychiatric Rehabilitation Journal*, 1995, 19(3),
33-41

Issues In Self-Help Agency Research

S. Segal, C. Silverman, and T. Temkin
In *Innovations and Research*, 1995, 3(1), 47-49

The Women, Co-Occurring Disorders and Violence Study is generating knowledge on the development of integrated services approaches for women with co-occurring substance abuse and mental health disorders who also have histories of physical and/or sexual abuse.

This Innovation From The Site was written by Dawn Jahn Moses of The Better Homes Fund, and is a product of the Women, Co-Occurring Disorders and Violence Coordinating Center which is operated by Policy Research Associates, in partnership with The Better Homes Fund and the Cecil G. Sheps Center for Health Services Research. The Coordinating Center provides technical assistance to program sites, conducts cross-site process and outcome evaluations, and develops a range of application products from the study sites.

The Women, Co-Occurring Disorders and Violence Study is funded by the Substance Abuse and Mental Health Services Administration's three centers – The Center for Substance Abuse Treatment, The Center for Mental Health Services, and The Center for Substance Abuse Prevention.

For more information on this Initiative, please contact Policy Research Associates, 345 Delaware Avenue Delmar, NY, 12054, 518-439-7415, e-mail: wvcc.prainc.com, web: www.prainc.com/wcdvs